



EmployeeUPDATE

Our Mission: To serve the people of North Carolina by enabling individuals, families and communities to be healthy and secure, and to achieve social and economic well-being.

A monthly publication for employees of the North Carolina Department of Health and Human Services

First of its kind in the country N.C. Public Health pilot accreditation a success!!

Local health departments across North Carolina have been working to become accredited, and now the state has undergone a similar process to improve public health services and make the public health system more accountable. The first state in the U.S. to pilot an accreditation process on the state level, North Carolina has received an excellent review from an external team of national experts on public health performance improvement and accreditation.

The National Association of County and City Health Officials (NACCHO) and the Association of State and Territorial Health Officials (ASTHO) have been exploring the feasibility of a voluntary national public health accreditation system. The project is being funded by the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention (CDC). North Carolina's experience is now being viewed as a possible prototype for the national voluntary accreditation process.

In 2004, DHHS Secretary Carmen Hooker Odom charged the N.C. Public Health Task Force with "developing recommendations on how to strengthen North Carolina's public health system, improve the health status for North Carolinians, and eliminate health disparities." The Task Force's 2005 Public Health Improvement Plan included a recommendation that the state Divisions of Public Health (DPH) and Environmental Health (DEH, in the Department of Environment and Natural Resources) perform a self-assessment using the National Public Health Performance Standards. Those standards are basic requirements for performing the functions and services of public health.

The self-assessment instrument included 891 questions covering the Ten Essential Public Health Services, plus one section on Facilities and one section on Governance. The two divisions began collecting sources of evidence and providing documenta-



State Health Director Leah Devlin speaks with site visit chair Kaye Bender.

tion in the fall of 2006, and were ready for the site visit on Feb. 27, 2007. The external team of national experts verified the documentation that the state provided to show its compliance with the requirements.

The site visitors came from across the country. They were: Kaye Bender (site visit chair), dean and

Continued on page 2

INSIDE TOP FEATURES

HUD grant funds reach record, Page 5

DHHS Safety Representative Certificates Awarded, Page 6

Brain Injury Awareness Month in N.C., Page 9

April 9-13 is National Cancer Registrars Week, Page 11

**Secondhand
smoke ad wins
Telly award**

➡ **Page 4**



**Fruits and
Veggies-
Matters More™
initiative**

➡ **Page 10**



NCPH Pilot Accreditation cont. from page 1



The Site Visit Team included (L-R) Lee Thielen, Colorado Foundation for Public Health Environment; Leslie M. Beitsch, Florida State University College of Medicine; Kaye Bender, University of Mississippi Medical Center; George Bond, retired Buncombe County Health Director; and Douglas F. Scutchfield, University of Kentucky.

professor, School of Nursing, University of Mississippi Medical Center; Leslie M. Beitsch of the Florida State University College of Medicine's Center for Medicine and Public Health; George Bond, former health director of Buncombe County, N.C.; Lee Thielen, vice president, Colorado Foundation for Public Health Environment; F. Douglas Scutchfield, Peter P. Bosomworth professor of Health Services Research and Policy, University of Kentucky. National observers included: Liza Corso, team lead, Performance Standards & Accreditation, Centers for Disease Control and Prevention; Jim Pearsol, senior principal director for Public Health Excellence, ASTHO; Pamela Russo, senior program officer, Robert Wood Johnson Foundation.

DPH/DEH partnered with the N.C. Institute of Public Health to coordinate the site visit. The institute enlisted

Elizabeth Tornquist to serve as the report writer.

The three-day site visit included document review, a virtual tour of the facilities and interviews with DPH/DEH management, community partners (Healthy Carolinians and the N.C. Association of Local Health Departments), DHHS Secretary Carmen Hooker-Odom and DENR Secretary Bill Ross. The visit culminated with a discussion of the entire pilot accreditation process with DPH/DEH management and staff, the national observers and the site visitors. An official evaluation of the process is under way and is being funded through the RWJ Foundation as part of the Multi-State Learning Initiative.

The site visitors submitted a written report in early March with their findings as well as recommendations

Ten Essential Public Health Services

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. (a) Link people to needed personal health services, and (b) Assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Source: Public Health Foundation

Continued on page 3

NCPH Pilot Accreditation cont. from page 2

for opportunities for performance improvement. The site visitors indicated they were pleased by both divisions' capacity, their preparations for the review and visit, and the clarity of the evidence provided. They concluded that if this had been an official accreditation (rather than a pilot), the divisions would far exceed the 80 percent threshold of standards met. The site visitors also praised the courage of the divisions and their leaders in stepping forward to do this

assessment and noted that this was a sentinel event, the first time a state level public health agency had invited a national site visit team to take them through an accreditation-type process.

Both division directors are committed to using the site visitors' recommendations as an opportunity for performance improvement.

To see more on this national project, visit www.exploringaccreditation.org or www.nnphi.org/home/section/1-15/view/39. ■

Beacon is on the way!

You may already have heard something about "BEACON," the new business processes being implemented throughout state government to update and streamline payroll and human resource functions. "BEACON" stands for "Building Enterprise Access for North Carolina's Core Operation Needs."

DHHS will be a second-phase participant in this important project to upgrade and modernize these state government business systems. The old systems are becoming obsolete, are at risk of failure, and do not work well between agencies. BEACON will replace these aging systems with an integrated, modern system.

How will you and other DHHS employees benefit from BEACON? You will have up-to-date access and control over secured personal information such as past and current pay stubs and W-2 information. You'll be able to view and change your personal information online such as home address, phone number, and emergency contact information. Of course, your privacy will be protected by assignment of a unique employee identification number. And, you can access state benefits programs and make changes or modifications where needed.

The new BEACON system will allow people to more easily move their employment within their agency or between agencies. If you transfer from DHHS to another agency, your personal information and employment record will move with you, and in most cases so will your benefits. That also means that hiring processes will be more streamlined.



DHHS's new payroll and human resources systems will "go live" April 2008. This is an exciting opportunity for DHHS to increase services to employees, supervisors, managers, and the citizens of North Carolina. Watch the newsletter for more articles about BEACON in the months to come. The state's BEACON web site is at www.beacon.nc.gov. ■

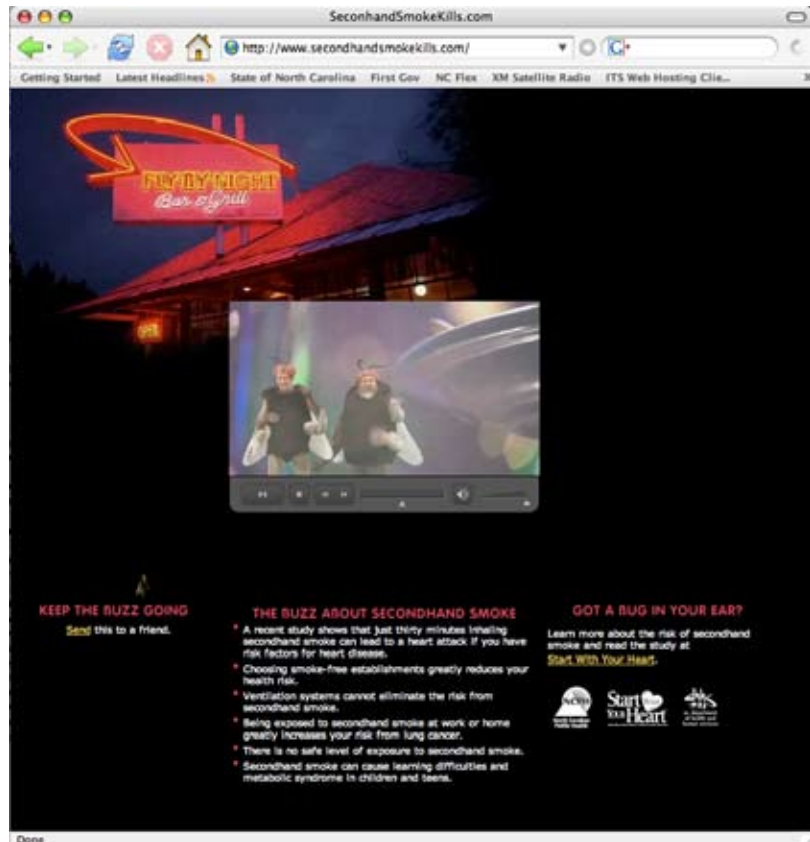
Public Health ad garners national Telly award

The Justus-Warren Heart Disease and Stroke Prevention Task Force's "Start With Your Heart" program has won a Telly award, one of the most sought-after awards in television commercial and video production, for a 30-second television spot called "Stanley and George Fly" about the dangers of second-hand smoke. The spot features two characters, dressed like flies in a smoky restaurant, pondering the sharp rise in death rates when people at risk for heart disease spend just 30 minutes around second-hand smoke.

The ad was produced for the Division of Public Health by Brogan & Partners Convergence Marketing. The ad ran for one week in several North Carolina television markets in February to coincide with the Task Force's 6th biannual Legislative Heart Health Day on Valentine's Day, where "George Junior" made a personal appearance to spread the word about the link between second-hand smoke exposure and heart disease.

"We're so pleased that the ad is garnering this kind of recognition. We hope that its moment in the spotlight will result in even more people making the effort to protect their hearts by avoiding second-hand smoke," said Anita Holmes, executive director of the Task Force and head of the Heart Disease and Stroke Prevention Branch.

The Telly Awards recognize the best local, regional and cable television programs and commercials, along with outstanding achievement for video and



Joining ad fly look-alike "George Junior" (Chris Morse, Brogan & Partners account coordinator, center) for a photo are (left to right) Leah Devlin, State Health Director; the Heart Disease and Stroke Prevention Branch's administrative assistant Yvette Thompson and office assistant Lisa Bell; and former branch head Libby Puckett (photo by A.E. White).

Continued on page 5

Telly award cont. from page 4

film production. This year's Telly Awards received 13,000 entries from all 50 states and five continents.

The ad, along with tips for protecting yourself from second-hand smoke, can be seen on the web at www.secondhandsmokekills.com. ■

HUD grant funds reach record

In a late February ceremony, a symbolic check marked part of a record \$15.5 million in federal Housing and Urban Development funds awarded to support homeless programs across North Carolina. Those funds will provide ongoing support to 86 previously funded projects, as well as funding to 19 new projects whose goals include ending the homelessness of more than 120 adults and 40 children in the state. ■



In the photo, left to right, are Carl Pettiford of Henderson, a homeless services consumer; Joel Rice, Five County Mental Health Authority; Hunter Thompson, Carolina Homeless Information Network; Debra King, Community Alternatives to Supportive Abodes; Carol Jones, acting field office director, Greensboro HUD Field Office; Kristi Case, housing specialist, Smoky Mountain Center; David Harris, Wake County Human Services; Phillip Smith, planning manager, Town of Cary; Esther Clark representing Sen. Elizabeth Dole; Lawrence Wilson, N.C. Office of Economic Opportunity; Dan Stewart, deputy secretary, DHHS; Martha Are, homeless policy coordinator for DHHS; and Heather Dominique, project director for the Office of Housing and Homelessness.

DHHS safety representative certificates awarded

Safety representative certificates were awarded to members of the DHHS Secretary's Office and divisions' safety committees on March 21 for completing Phase I of the DHHS Certified Safety Representative Program. Kathy Gruer, director of the Division of Human Resources, presented the certificates to DHHS safety representatives for editing, staffing for approval, and implementing the five basic safety policies - Safety Inspections, Hazardous Materials, Emergency Evacuation, Fire Prevention, and Accident Investigations - for their respective agencies and divisions. These policies are the foundation of each DHHS agency's and division director's safety program,

and provide the framework in establishing a safe and healthy workplace for department employees.

The three-phase DHHS Certified Safety Representative pilot program is administered by the Division of Human Resources's Safety and Benefits Office, with the goal of developing, training and recognizing the accomplishments of the Secretary's Office and DHHS division safety representatives. Phase II is the Safety Trainer phase, composed of classroom teaching and, in the future, on-line instruction. Phase III will recognize the 12- to 18-month progressive accomplishments of the safety

representative in the management of a functionally compliant safety program as well as mastery of skills in the preceding phases. Completion of this final phase will lead to the Certified Safety Representative Award.

Gruer expressed her sincere thanks to the individuals receiving certificates, as well as all members of the Secretary's Office and DHHS divisions' Safety Committees, in saying, "Your efforts do not go unnoticed. The goal of our safety program is not merely to be compliant, but to protect each and every one of our employees. You are an integral and crucial part of this process and we thank you." ■

Safety Directors receiving certificates included (left to right): Mark Martin - Secretary's Office; Teresa Revis - Controller's Office (Albemarle Bldg); Robert Bowie - Office of Medicaid Management Information Systems; Sue Kearny - Controller's Office; Kathy Gruer, director of the Division of Human Resources, who awarded the certificates; Donna Miles - Controller's Office (Spruill Annex); Sarah McDonald - Controller's Office (Oberlin Rd.); Rom Lewis - Controller's Office; Darryl Hammill - Office of Citizen Services, and (not pictured) Darryl Wally - Rural Health, and Melba McCloud - Procurement and Contracting.



Also receiving certificates were (pictured left to right, with Martin and Gruer), were Ricky Tew - Disability Determination Services; Greg Best - N.C. Council on Developmental Disabilities; Betsy Bennett - Division of Child Development; Wesley Harris - Wright School, and (not pictured) Yvonne Trice - Division of Child Development.



Jalil Isa ***¡Salud y Saludos!***

***¡Saber es poder!
¡Hazte la prueba!***

Get REAL, Get Tested – or its very loose translation into Spanish: *¡Saber es Poder! ¡Hazte la prueba!* is the slogan for a new statewide campaign to promote HIV testing throughout North Carolina. The campaign has cast a wide net throughout the state in an effort to increase the number of individuals getting tested for this and other sexually transmitted diseases.

Recently, a number of testing events held in various communities have attempted to reach the Latino community. Unfortunately, some of these events have been held in settings that aren't conducive to a tremendous level of participation from Hispanics in the area. One notable exception, however, was a recent event held at El Centro Hispano – the local Hispanic center in Durham. The center has been running strong, serving as a multiple resource center for countless area Latinos, for more than a decade. It didn't take them long to spread the word of the upcoming testing event. During the couple of weeks lead time they had before the testing day, they hand-delivered flyers to Hispanic neighborhoods, informing them of the free tests that were being made available thanks to a collaboration involving DHHS.

According to the 2006 Report Card on Racial and Ethnic Health Disparities

in North Carolina, compiled by the Office of Minority Healthy and Health Disparities and the State Center for Health Statistics, Hispanics had about two-and-a-half times the number of HIV and syphilis cases compared to whites in recent years. These figures haven't improved much over the years, and in some cases have gotten worse – and may end up getting even worse as more accurate figures for this population are gathered. In fact, some of the figures collected were originally compiled through interviews conducted with Latinos who were English-speaking. However, as many of us know, most Hispanics in North Carolina are not bilingual. This automatically would have swayed the numbers. More recently, interviews have been conducted in Spanish... and so numbers for this group have become more representative of the population at hand.

Either way, the numbers only tell us the end result. The story behind the numbers, however, may be less understood. In the case of many Hispanic men coming to this state to work, their families are often left behind as they attempt to earn enough to support their families back home. Or they may simply be alone, trying to earn enough to establish a business or help matters back in their country. In the daily grind of their 6-7 day

workweeks, they sometimes will develop depression (which often goes undiagnosed and/or untreated) or simply may find themselves feeling lonely, homesick, and uninspired. In the case of individuals working in rural areas, they may have little access to entertainment that might be found in more urban areas. This can lead to situations where prostitutes will go and visit some of these Latino men at the farms or other worksites where the mostly young men find themselves confined. In more urban areas, police have stepped in and shut down informal brothels in numerous cases that have come to their attention. Health experts say these are all breeding grounds for diseases that can take a toll on the community. But as many of these immigrants are employed and simultaneously forced to stay in the shadows, the subversive nature of these issues aren't surprising.

Given the circumstances, health educators can only do their best to educate the public and provide opportunities for confidential testing. The combination of the two will hopefully result in safer practices and a healthier community in which we all live. ■

Jalil

Caswell center residents featured in Lenoir County art show

In March, the Lenoir County Community Council for the Arts sponsored an art exhibit featuring works by Caswell Center residents, along with the a selection of the award-winning Perske Collection – pencil portraits depicting adults and children with mental retardation. The Perske Collection was purchased for Caswell Center through the joint efforts of the Community Council for the Arts, the Mental Health Association in Lenoir County, and the North Carolina Civitans in the East.

The show featured art by 20 current Caswell residents along with 10 prints from the Perske collection. Residents' artwork was on sale, with 60 percent



Fruit Bowl by Craig S. – a “wax resist” still life using crayon and paint medium to achieve the effect.

of the proceeds directly benefiting the individual artists, while the remaining proceeds were reinvested to maintain Caswell’s art program.

According to Sherri Scharf, Caswell Center media development specialist, “The Community Council for the Arts has supported National Mental Retardation Month every year by displaying the Perske Collection. We were thrilled when they agreed to feature our residents’ artwork this year. We are also partnering with the Arts Council by planning to transform an old well on campus into an artistic landmark that can be seen and enjoyed by Caswell staff and residents as well as Kinston residents.” ■



Fun on the slopes

Skippy T. was one of four Caswell Center residents and four staff to take part in this year’s adapted snow skiing trip to Massanutten Ski Resort in Virginia. The trip was sponsored by the Caswell Center. Residents from the Center participate in the North Carolina Special Olympics each year and are supervised by the Recreation Therapy Department. The residents who participate in the annual ski trips are chosen based on their personal interest as well as their individual levels of mental/physical functioning. They are training for the Special Olympics Alpine Skiing event, with the goal of qualifying for that event one day. Skippy T. is assisted by Caswell therapeutic recreational specialist Kareen Syck with Mark Andrews, adaptive ski instructor from Massanutten Ski Resort, in the background.

Brain Injury Awareness Month in North Carolina

Gov. Mike Easley has proclaimed March as Brain Injury Awareness Month. Every 15 seconds, someone receives a brain injury in the United States. Today, more than five million Americans have been permanently affected by a traumatic brain injury (TBI) that has left them needing some degree of help just to perform everyday activities most take for granted.

A TBI is caused by external physical force. It usually happens when the head hits something – a windshield during a car crash, the sidewalk during a fall, or the bullet from a gun. Shaking a baby can cause a TBI. Symptoms range from mild to severe, depending on the extent of brain damage. According to Flo Stein, chief of Community Policy Management for the MH/DD/SAS Division, TBI survivors often have significant long-term disabilities and medical complications after receiving a brain injury.

Stein calls TBI a hidden epidemic, noting that medical experts cite traumatic brain injuries as the signature wound of the Iraq war. Troops now routinely wear body armor that allows them to survive once-deadly attacks but does not fully protect their heads against roadside explosives and suicide bombers.

“The statistics for traumatic brain injuries should be a wakeup call for all of us. In North Carolina alone, more than 160,000 people have experienced a TBI. In 2004, more than 5,000 of these injuries required hospitalization, which cost more than \$190 million,” Stein said. “TBI costs the country more than \$56 billion in lost wages, hospital costs and long-term care. Half of all TBIs involve alcohol use and more than 50 percent of these injuries occur in transportation-related accidents.”

For more information about TBI services, look on the web at www.dhhs.state.nc.us/mhddsas, or The Brain Injury Association of North Carolina web site at www.bianc.net. ■



MH/DD/SAS Division Director Mike Moseley presents the signed TBI Month proclamation from Gov. Mike Easley to members of the Governor's Traumatic Brain Injury Advisory Council at its March meeting. (L to R:) Tonia Harrison and Travis Glass, both TBI Advisory Council members and TBI Survivors; Mike Moseley; and Sandra Farmer, president of the Brain Injury Association of North Carolina.

TBI facts:

Every 15 seconds,
a U.S. citizen receives a brain injury.

Males are about 1.5 times as likely as
females to have a TBI.

20 percent of TBIs are caused by violence,
including firearm assaults and child abuse.

Approximately 50,000 people die every
year from brain injuries.

Approximately 1 million brain-injured
people are treated in hospital
emergency rooms.

One in 500 children is hospitalized with a
brain injury.

North Carolina starts Fruits & Veggies—More Matters™ initiative

Although more than half of adults know they need to eat five or more servings of fruits and vegetables per day, fewer than 10 percent actually do it. So, a new national public health initiative, Fruits & Veggies—More Matters™ was created to encourage Americans to eat more fruits and veggies in all forms – fresh, frozen, canned, dried and “100 percent” juice.

The new program was introduced in North Carolina at a special State Farmers Market event in Raleigh on March 19 by the N.C. Department of Agriculture and Consumer Services (NCDA&CS), the N.C. Division of Public Health, and the N.C. Fruits & Veggies Nutrition Coalition.

“Most people would need to at least double the amount of fruit and veggies they currently eat in order to meet the new dietary guidelines,” said Diane Beth, state fruit and vegetable nutrition coordinator. “The idea behind Fruits & Veggies—More Matters™ is that, whether a person currently eats one, four or eight servings of fruits and veggies a day, he or she will benefit from eating more because — more matters.” The new initiative replaces the former 5 A Day program.



North Carolina's Fruits & Veggies — More Matters™ was introduced by David Smith, deputy commissioner of agriculture; Dr. Leah Devlin, state health director; and Dr. Marcus Plescia, head of the N.C. Chronic Disease and Injury Section of the Division of Public Health, who represented the N.C. Medical Society.

Local farmer Fred Miller from Hilltop Farms spoke about the importance of locally grown, nutritious produce and Peter Gilmore, vice president with Dole Food Company, Inc. spoke about plans that the company has for their new plant in Kannapolis featuring North Carolina produce. Avien Blackman, Raleigh's first “Fruits & Veggies Star Mom,” told how she learned to keep her family healthy by using fruits and vegetables in everyday meals and snacks, and chef Mike Aquaro from Duke University Dining program demonstrated how to

Continued on page 11

Here are some tips to start putting Fruits & Veggies—More Matters™ to use:

- The goal is to simply eat more fruits and veggies at every eating occasion. This can be as easy as adding fruit to your cereal in the morning, packing some baby carrots and canned fruit for lunch, and popping frozen veggies or a nice North Carolina-grown sweet potato in the microwave for dinner.
- Keep a variety of bite-sized munchies on hand for on-the-go snacks, such as boxes of raisins, fresh grapes or berries, dried fruit trail mix and frozen 100 percent fruit bars. Cherry tomatoes and carrot sticks can be a tasty and refreshing veggie treat.
- Shop smart. When planning your meals and snacks for the week, use a combination of fresh, frozen and canned fruits and veggies. Use the fresh produce first and use the other forms later in the week or if time is limited.
- Substitute fruit or a salad instead of fries at a fast-food or sit-down restaurant.
- Visit www.fruitsandveggiesmorematters.org for great serving suggestions, tips and information on all your favorites, plus inspiring ideas for fruits and veggies you've always wanted to try, but never knew how to use!



Fruits & Veggies—More Matters™ cont. from page 10

make attractive fruit and veggie garnishes that are eaten and not wasted.

The event also featured nutrition experts, taste testings, face painting, an interactive Germ Busters exhibit, door prizes, and activities for families.

Other events occurred throughout the week in Charlotte, Greenville, Wilmington, and in the counties covered by the Appalachian District Health Department.

To find out more, see www.fruitsandveggiesnc.com on the Web. ■

April 9-13 is National Cancer Registrars Week

The staff of the North Carolina Cancer Registry will join more than 4,000 cancer registrars, their colleagues, and community leaders across the nation in commemorating the annual National Cancer Registrars Week, April 9-13.

Cancer registrars work in cancer treatment and research settings, including hospitals with cancer programs, and in state central cancer registries, like the N.C. Central Cancer Registry (CCR) in the Division of Public Health. They are data management experts who locate, interpret and record medical and demographic information on people with cancer. In North Carolina, the CCR is a unit in the State Center for Health Statistics, in the Chronic Disease and Injury Section of the Division of Public Health.

The CCR has seven certified tumor registrars (CTRs) who are responsible for quality control of the data reported to the CCR by multiple hospitals and treatment centers. The information the CCR collects is used to plan and evaluate prevention, screening, treatment and quality of life programs; for research into the causes and treatments for cancer; and in investigations into local community cancer concerns.

The cancer data is analyzed and published on the State Center for Health Statistics web site, www.schs.state.nc.us/SCHS, and is submitted to state and national cancer registries for use in research, treatment and prevention initiatives. The CCR also works with the Comprehensive Cancer Control Program in the Division of Public Health to accurately determine cancer patient populations, measure outcomes of treatment and survival, and formulate plans for quality improvement of various programs and services.

Quality cancer data is central to the nation's and the state's cancer control efforts. By capturing data on patients diagnosed with cancer, cancer registrars provide the first step. The data often lead to the publication of groundbreaking research, such as the recently released study by the American Cancer Society, "Cancer Statistics, 2007." Key results in the study were based on data from two national cancer registries—the Surveillance, Epidemiology, and End Results

(SEER) program of the National Cancer Institute, and the Centers for Disease Control and Prevention's National Program of Cancer Registries (NPCR).

One focus of this year's celebration of National Cancer Registrars Week is to promote cancer registry careers. The demand for cancer registrars is expected to increase over the next 15 years, and the profession is both an interesting and promising career for those who want to make a difference in the war on cancer. Entry-level positions are available in the CCR for people with medical coding background and college-level anatomy and physiology training. With experience, CCR staff can become certified and therefore eligible for promotional opportunities.

Additional information on the National Cancer Registrars Association and the cancer registry profession can be found at www.ncra-usa.org or by contacting the CCR's Quality Control and Field Services Manager at 919-715-4574. ■



North Carolina Public Health Month was established in April 1994 to increase North Carolinians' awareness of what public health does and how it improves and protects their quality of life. Local health departments across the state participate with special activities. The state's month-long celebration and public education effort builds on National Public Health Week, which falls on April 2-8 this year.

For more on N.C. Public Health Month, visit the N.C. Public Health web site at www.ncpublichealth.com.

Three sworn to homeless panel

Appellate Judge Linda M. McGee, left, administers oath of office March 14 to recent appointees to the North Carolina Interagency Coordinating Council for Homeless Programs: (left to right) Reginald L. Speight, chief executive officer of Martin County Community Action Inc.; Amy L. Sawyer, coordinator of the Asheville-Buncombe Homeless Initiative; and Sandra G. Coley, administrator of Housing Opportunities for Persons with AIDs.



Customer Service: You are a DHHS customer, too



Melodee Stokes

When we talk about DHHS customers, many of us think only of the folks from “outside,” who rely on DHHS for services. But, we are our own customers, too. Melodee Stokes, who leads the department’s customer service efforts, says it is important that all DHHS employees keep that in mind.

“So many of us provide services for other DHHS employees,” Stokes said. “This is particularly true of the administrative divisions. We need to make sure that we are treating each other with respect and courtesy. Our goal of customer service excellence applies to everyone, internal and external.”

Stokes says that all employees should take a look at the department’s customer service policy at **www.ncdhhs.gov/cstf/policy_employee.htm**. “Think about how these policies apply to how you treat your fellow employees,” she said. “The policy is pretty straightforward. In some ways, it is just a matter of implementing – as professional speaker Leslie Charles says, follow ‘the platinum rule: treat others as they wish to be treated.’ It’s a different twist on the golden rule – do unto others as you would have them do unto you.”

Stokes said that there is strong research that shows that happy employees, folks who are being treated well as internal customers, provide better services for their external customers.

She says that one way to improve internal customer service is to survey internal customers to see how satisfied they are with the services you are providing them. She suggests that you survey a wide range of internal customers, not just division or office leaders. The Customer Service Task Force is presently creating an on-line customer service survey tool called DHHS Survey Max. This tool will not only be very valuable in surveying DHHS’s external customers, but also our internal customers. It will be available by late summer.

More information on DHHS’ customer service excellence is available at **www.ncdhhs.gov/cstf/**. ■

INTRODUCING THE BUSINESS OF

This is the first in a series of articles introducing the new DHHS Business Plan. Over the next several months, we will feature different aspects of the plan, which is now posted on the DHHS web site at www.ncdhhs.gov/opp/businessplan/.

The Office of Policy and Planning (OPP) was responsible for researching and writing the DHHS Business Plan. Beginning in the fall of 2006, the plan was created from a series of questionnaires and interviews with directors and staff managers throughout the department. OPP established three goals to direct their work:

1. Meet the statutory requirements in Senate Bill 622-10.1 (a), which requires DHHS to develop an information technology (IT) plan and an IT architecture plan for the department, based on a broader business plan that identifies business requirements within N.C. DHHS for the next three to five years.
2. Develop business drivers that will guide our future. A business driver is a primary influence or input that drives decisions being made about a business. The drivers OPP identified represent the desired state of the business but do not tell us how to get there.
3. Gather as much information as possible, without duplicating other efforts, to create a document that will help everyone in DHHS gain a better understanding of what it is that we do. So much of what government does is organized around programs; using a business functional approach could help us more clearly delineate the business drivers across the department.

The document consists of an introduction and details that address seven broad categories of the business of DHHS:

- Management Vision and Control
- Information Technology
- Workforce
- Program and Service Delivery
- Budget and Finance
- Communications
- Buildings and Facilities

In addition, there are division and support function profiles that include initiatives provided by top management, plus a number of charts and diagrams that add context to the discussions.

“We hope that you will take the time to visit the website and browse the information provided there,” said Sandra Trivett of OPP. “Few people will read every word, but everyone will be able to find aspects of special interest. We particularly direct DHHS employees to the Business Drivers and challenge each of you to consider how these drivers – think of them as objectives – can be incorporated into individual work practices. The full participation and commitment of the DHHS workforce is essential to success!”

DHHS WELLNESS INITIATIVE

Confused about carbs?

Suzanna Young, DHHS Wellness Initiative Director

Have you heard friends say they are “off carbs”? What about “good” carbs and “bad” carbs? You may also have heard about simple and complex carbohydrates and wondered where starchy foods fit into all this. And then there’s something called the glycemic index that measures how fast a certain food raises your blood sugar.

Does eating have to be that complicated?

None of us wants to have to look up nutrition information before we buy something at the grocery store or order from a menu. Let’s simplify the talk about carbohydrates and see how basic nutrition guidelines can help us more easily make good food choices every day.

What are carbohydrates?

Carbohydrates, proteins and fats are the three components of our food that provide calories, or energy for our bodies. Carbohydrates range from simple sugars to complex starches. The amount of carbohydrates in food varies from zero (oils and meats, for example) to 100 percent (fruit, for example). Carbohydrates are important to our health and cannot be eliminated completely from our diet without causing an important loss of nutrients and energy. At the same time, some carbohydrate foods promote health while others, when eaten often, increase our risk for chronic diseases such as diabetes and heart disease.

How carbohydrates affect health

When we digest carbohydrates, they are turned into blood sugar (glucose). (Proteins and fats can also be converted into sugar, but it happens more slowly.) The more quickly and higher a carbohydrate raises blood sugar, the more insulin the body produces to lower levels of sugar in the blood. This can result in a rebound effect that causes blood sugar to drop too low, making us feel tired and hungry. Over the years, the body’s ability to regulate these swings in blood sugar can become less efficient and can, coupled with obesity, lead to an inability to regulate normal blood sugar levels – that’s diabetes.

What determines how rapidly carbohydrates raise blood sugar

- Simple carbohydrates, like high fructose corn syrup or fruit juice, raise blood sugar quickly. Complex carbohydrates like beans or whole wheat pasta raise blood sugar slowly.



DHHS Wellness Initiative cont. from page 15

- Larger serving sizes, especially of simple carbohydrates, cause higher blood sugar levels.
- Carbohydrates in foods that also contain protein and fat (like milk) are digested more slowly and do not cause a rapid, high rise in blood sugar.
- Fiber in food slows the digestion and absorption of carbohydrates, while highly processed foods (like white bread) raise blood sugar more quickly.
- If carbohydrates are eaten as part of a meal with high-protein foods, digestion is slowed, preventing a rapid rise in blood sugar levels.

So, choose nutritious carbohydrates that are digested and absorbed slowly, so as not to cause rapid and high rises in blood sugar.

But here's where it gets simpler. We don't really need to worry about all the different kinds of carbohydrates if we avoid highly processed foods and:

- Eat a variety of fruits and vegetables that are fresh, frozen, or canned without added sugar or high-fructose corn syrup (5 to 9 half-cup servings a day are recommended).
- Include daily servings of high-fiber vegetables and fruits like broccoli and apples, which are associated with lowered incidences of hypertension, diabetes and cancer.
- Choose mostly whole-grain cereals, pasta, and bread made without added sugar or corn syrup (6 to 8 servings per day are recommended by the American Heart Association for a 2,000 calorie diet).
- Limit servings of white potatoes, white rice, white bread and fruit juice to ½ cup, and only include these foods as part of a balanced meal.
- Avoid foods or beverages whose main or second ingredient is sugar or high-fructose corn syrup. If you eat one of these foods, have a small portion at the end of a meal when your body will absorb sugars more slowly.

For simple tips on making healthier carbohydrate food choices and easy recipes, go to:

www.myeatsmartmovemore.com/simpletips.html or www.5aday.gov.



Adoption Profile

Introducing Shanice

Shanice is happiest doing things she loves like playing baseball, reading or writing. She is an especially talented artist and could succeed in an art or fashion-inspired career. Shanice takes care of her personal needs well and loves her evening bath. She is very conscientious about her appearance and takes special care with her personal things. She likes to choose what she will wear to school each day and how her hair will be styled.

An Individualized Education Plan helps Shanice better understand what is expected of her and allows her to stay on task in class. A community support aide helps Shanice maintain acceptable conduct while repetition of instructions helps her better understand the work. She has gained better control of her feelings and actions and, by discussing them each morning, Shanice continues to make progress.



Shanice
b. January 13, 1993

A Family for Shanice

Through the techniques used and structure provided by her foster parents, Shanice has learned what actions and conduct are acceptable. She has made very good progress in accepting consequences and new types of discipline, such as time out or going to bed early. Parenting Shanice will require unconditional commitment, a strong support network, a consistent routine, and safe discipline. An adoptive family for Shanice should understand the effects of sibling separation and be willing to support visitation with her brother and sister.

For more information on this child or adoption and foster care, in general, call N.C. Kids Adoption and Foster Care Network toll-free at 1-877-NCKIDS-1 (1-877-625-4371). ■